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041204

UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

Applicant (or identifier): JOSEPH MICHAEL LINDACHER

Title: MULTIFOCAL OPHTHALMIC LENS

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 40 pages
2. ☒ Drawings - 4 sheets
3. ☒ Executed Declaration and Power of Attorney (original or copy)
4. ☐ Microfiche Computer Program (appendix)
5. Nucleotide and/or Amino Acid Sequence Submission
 - ☐ Computer Readable Copy
 - ☐ Paper Copy
 - ☐ Statement Verifying Identity of Above Copies
6. ☐ Preliminary Amendment
7. ☐ Assignment Papers (Cover Sheet & Document(s))
8. ☐ English Translation of
9. ☒ Information Disclosure Statement
10. ☒ Certified Copy of Priority Document(s)
11. ☒ Return Receipt Postcard
12. ☐ Other:

Filing fee calculation:

- ☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
- ☐ Before calculating the filing fee, please cancel claims

Basic Filing Fee							\$	770
Multiple Dependent Claim Fee (\$ 290)							\$	
Foreign Language Surcharge (\$ 900)							\$	
	For	Number Filed		Number Extra		Rate		
Extra Claims	Total Claims	71	-20	51	x	\$ 18	=	\$ 918
	Independent Claims	5	-3	2	x	\$ 86	=	\$ 172
TOTAL FILING FEE							\$	1,860

- ☒ Please charge Deposit Account No. 50-2965 in the name of Ciba Vision in the amount of \$1,860. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be

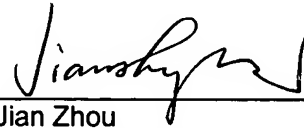
required in connection with this application, or credit any overpayment, to Deposit Account No. 50-2965 in the name of Ciba Vision.

Please address all correspondence to the address associated with Customer No. 31781, which is currently:

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Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (678) 415-3068.

Respectfully submitted,



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Date:

Apr 9, 2004